

1 Pro De
P. 1/2
10825-291
URGENT**DIMOCK STRATTON LLP**
*Intellectual Property Law***FAX**

DATE: August 23, 2004

TO: NAME & FIRM	PHONE #	FAX #
United States Patent and Trademark Office	(703) 308-1202	(703) 746-9195

FROM: Mark B. Eisen

RE: Acknowledgement of U.S. Patent Application
filed May 24, 2004

OUR FILE: 1679-24/JLW

TOTAL PAGES SENT (including this page): 2

Confirmation of facsimile to follow: ☐ Yes ☒ No, unless requestedIf you do not receive all the pages of this facsimile clearly,
please call Liz Forster at (416) 971-7202**NOTES:**

We attach a copy of our transmittal letter for the filing of a patent application in the USPTO. Our Receipt Acknowledgement Card has not been returned to us. Please confirm that this application was received in your office and advise us of the file number assigned to the application.

This fax may contain information which is confidential and privileged. If you are not the intended recipient of this fax, you are not permitted to make use of this fax.

If you have received this in error, please notify the sender.

20 Queen Street West, Suite 3202, Box 102, Toronto, Ontario Canada M5H 3R3
Tel: (416) 971-7202 Fax: (416) 971-6638
E-mail: firm@dimock.com • www.dimock.com

COMMISSIONER FOR PATENTS
Mail Stop Patent Application
Arlington, VA 22202

Our Ref: 1679-24/JLW
Customer No.: 38735
Date: May 21, 2004

Dear Sir:

Transmitted herewith for filing is the patent application of

ENTERED MAY 27 2004

Inventor(s): Catherine Helen GEBOTYS

Title: TABLE MASKING FOR RESISTANCE TO POWER ANALYSIS ATTACKS

Enclosed are:

- (X) Disclosure (14 sheets)
- (X) Claims (6 sheets)
- (X) Abstract (1 sheet)
- (X) Formal drawings (5 sheets)
- (X) Statement under 37 CFR 3.73(b)
- (X) Power of Attorney
- (X) Declaration
- (X) Assignment
- () Certified copy of the priority document(s)
- (X) Cheque in the amount of \$2,026.00 to be applied as follows:

Filing fee \$ 1,986.00
Assignment registration fee 40.00

THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:

	No. Filed	No. Extra
Basic Fee		
Total Claims	38-20	18
Indep. Claims	10- 3	7
(28)Multiple dependent claims presented		

Small Entity		OR	Large Entity	
RATE	FEE		RATE	FEE
	\$385.00	OR		\$770.00
x 9=	\$	OR	18x 18	\$324.00
x 43=	\$	OR	7x 86=	\$602.00
+145=	\$	OR	+290=	\$290.00
TOTAL	\$	OR	TOTAL	\$1,986.00

- (X) The Commissioner is hereby authorized to charge any deficiency or credit any overpayment in the enclosed fees to our Deposit Account No. 500663. A signed copy of this letter is enclosed if required for this purpose.

Please direct all correspondence and telephone inquiries to the undersigned at the address below.

Respectfully submitted,

ORIGINAL SIGNED BY MARK B. EISEN

Mark B. Eisen
Reg. No. 33088
(416) 971-7202, Ext. 242

Dimock Stratton I.L.P.
20 Queen Street West, Suite 3202, Box 102
Toronto, Ontario, Canada M5H 3R3